

State of Wisconsin  
Department of Natural Resources  
P.O. Box 7921  
Madison, WI 53707-7921

**CERTIFICATE OF INSURANCE FOR LONG-TERM CARE**  
(For Use by Hazardous Waste Facilities)  
Form 4400-156 Rev. 04-01

\_\_\_\_\_  
(Name of Insurer) (the "Insurer"), of

\_\_\_\_\_  
(Address of Insurer)

hereby certifies that it has issued long-term care insurance to provide financial responsibility for long-term care to

\_\_\_\_\_  
(Name of Insured)

(the "insured"), of \_\_\_\_\_  
(Address of Insured)

in connection with the insured's obligation to provide proof of financial responsibility for long-term care pursuant to s. 289.41, Wis. Stats.,  
and s. NR 685.07, Wis. Adm. Code. The coverage applies at \_\_\_\_\_,  
(U.S. EPA ID #)

\_\_\_\_\_  
(Name and Address of Facility)

The face amount of the policy is \_\_\_\_\_. The effective date of the policy is \_\_\_\_\_.  
(Date) (Date)

The Insurer further warrants that such policy conforms in all respects with the requirements of s. 289.41, Wis. Stats., and  
s. NR 685.07(5)(g), Wis. Adm. Code, as applicable and as such statutes and regulations were constituted on the date shown immediately  
below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

The Insurer further certifies the following with respect to the insurance described above:

Bankruptcy or insolvency of the insured may not relieve the Insurer of its obligations under the policy.

The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured  
for any payment made by the Insurer.

Whenever requested by the Wisconsin Department of Natural Resources (WDNR) the Insurer agrees to furnish to the WDNR a signed  
duplicate original of the policy and all endorsements.

If the Insurer proposes to cancel the insurance, the Insurer shall provide notice to the WDNR in writing by registered or certified mail not less  
than 120 days prior to the proposed cancellation date. Not less than 30 days prior to the expiration of the 120-day notice period, the insured  
shall deliver to the WDNR a replacement insurance policy or other proof of financial responsibility under s. 289.41, Wis. Stats., and s. NR  
685.07, Wis. Adm. Code. In the absence of the delivery of a replacement insurance policy or other acceptable proof of financial  
responsibility, all site or facility operations shall immediately cease and this insurance policy shall remain in full force and effect as long as  
any obligation of the insured remains for long-term care.

I hereby certify that the Insurer is licensed to transact the business of insurance in Wisconsin, or eligible to provide insurance as an excess or  
surplus lines insurer in Wisconsin.

\_\_\_\_\_  
(Signature of Authorized Representative of Insurer) (Date)

\_\_\_\_\_  
(Type Name)

\_\_\_\_\_  
(Title), Authorized Representative of (name of Insurer)

\_\_\_\_\_  
(Address of Representative)